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Christian Medical Council for Overseas Work

ESTABLISHED BY MISSIONARY SOCIETIES IN NORTH AMERICA

"To discover the distinctive contribution of the Christian medical enterprise overseas."

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Though the Material Things Are Lost . . .

On the morning of January 5th, 1942, Doctor Phillips F. Greene and his family heard of the destruction of the Yale-in-China Hospital at Changsha where they had lived and worked. Ellen left the breakfast table and wrote in her Life Book these words, just before starting for school, "Though the material things are lost, the spiritual live on." That very afternoon Ellen lost her life in a highway accident. There could be no more fitting watchword than hers for the enterprise of medical missions as it faces, around the world, material destruction and human suffering. The spiritual things live on.

We shall build on!
On through the cynic's scorning,
On through the coward's warning,
On through the cheat's suborning,
We shall build on!
Firm on the Rock of Ages,
City of saints and sages,
Laugh while the tempest rages,
We shall build on!

Studdert Kennedy

On the day after Ellen Greene's death, the following telegram was received from Doctor Hu Shih, the Chinese Ambassador in Washington: I WANT TO EXPRESS TO YOU AND ALL OTHER FOUNDERS AND SUPPORTERS OF THE YALE-IN-CHINA MOVEMENT MY INDIGNATION OVER THIS WANTON DESTRUCTION AND MY FIRM CONVICTION THAT THE FORTY YEARS' GOOD WORK OF THE MEDICAL SCHOOL AND HOSPITAL WILL NEVER BE FORGOTTEN BY THE CHINESE PEOPLE WHO I AM SURE WILL ENTHUSIASTICALLY PARTICIPATE IN ITS RESTORATION AND REBUILDING.

Fraternal Greetings from Dr. Albert Schweitzer

"We are in good health. For the moment the dry season allows vegetables in the garden so that we have good food. I am in good health too, though I suffer from being obliged to keep up so many different activities instead of being just a physician. It's a hardship to keep up so big a hospital in such primitive conditions." Doctor Schweitzer's hospital stands on the boundary between North Gabon and South Gabon, two of the provinces of Free French Equatorial Africa. Colonel Pichat, medical director of Free French Equatorial Africa, has asked Doctor Schweitzer to let his hospital serve as one of the government institutions during the emergency. The Free French Government is now undertaking, with the aid of the American Red Cross, to secure for Doctor Schweitzer many of the supplies he needs.

What Chinese Doctors Are Asking

Doctor S. Sze, Secretary of the Chinese Medical Association, now on a visit to the United States, looked at a map of destroyed and damaged hospitals in China and said, "During the war, cannot medical missions discover ways of unifying their hospitals and teaching centres for the greater service of China? After the war, is it essential that they return, each one of them, to rebuild destroyed buildings and reoccupy former centres in precisely the same way as before? Must they not develop a new unified program that shall include both buildings and forms of work, transcending earlier demarcations between denominational bodies, and developing a wise relationship to the national health program?"

With increasing limitations on medical missionary work in China and Thailand and Malaya and the Philippines, the question becomes even more pertinent.

Doctor Sze's question was answered in a recent broadcast by Raymond Gram Swing who said, "The Allied Powers must discover and put into operation a unified command and a grand strategy. The fashioning of such a strategy implies, often unhappily but yet unavoidably, a choice between posts to be held at all costs and others of less strategic importance." Shall not all our missionary forces in Africa and India and China and everywhere else come together to make a new plan that shall unify and rekindle all our work?

As if in answer to this question, at a meeting of the Committee of Reference and Counsel of the Foreign Missions Conference in Trenton in January, 1942, the Christian Medical Council put itself unreservedly at the service of the missionary societies to be, in their behalf, a centre of information and exchange about doctors who are temporarily on furlough and desire active service; or about other doctors who offer themselves for emergency service for the duration. The Committee of Reference and Counsel voted its appreciation of the proposal and its recommendation that use be made of the Council in the way suggested. E. H. H.

Medical Coordination Demonstrated in Hunan

In spite of adverse war conditions, with an enemy of invasion at the very doors, province-wide cooperation of mission hospitals is well under way in Hunan. Around the Hsiangya Hospital, whose cornerstone was laid by Professor William H. Welch on October 18, 1915, the several hospitals of Hunan have agreed to work as a friendly team. The missions concerned are the Presbyterian (U.S.A.), Evangelical (U.S.A.), Evangelical and Reformed (U.S.A.), Liebenzeller, British Methodist, Norwegian Lutheran, Finnish Lutheran, and Roman Catholic. It is heartening to find, in the medical field, an area of work in which Roman Catholics and Protestants can integrate their activities. At the All-India Conference of India Christians held in Lucknow a year ago, it was urged "that there should be cooperation between Roman Catholics and Protestants in all matters concerned with the social and political advancement of the community as a whole."

There are 22 hospitals in this truly international group, which will be known as the Hsiangya Medical Centre. Its purpose is

a) to strengthen the bond between all the Christian medical forces in Hunan province.

b) to provide integration with the National Hsiangya Medical College (temporarily refugeeing in Kweiyang, capital of Kweichow Province) and the Hunan Provincial Health Administration.

c) to demonstrate the possibility of integrating all the medical forces in the Province of Hunan into a single medical enterprise.

Doctor Vaughan Becomes Vice-Chairman

At the meeting of the Council in September 1941 Doctor J. G. Vaughan, Director of the Associated Mission Medical Office, was elected vice-chairman. Doctor Vaughan gave years of fruitful service as a medical missionary in China with the Methodist Board, serving both at Nanchang and at Wuhu.

The Council extends deep sympathy to Doctor P. H. J. Lerrigo, the former vice-chairman, on the death of Mrs. Lerrigo which occurred at Claremont, California, some weeks ago. Doctor and Mrs. Lerrigo served for many years under the American Baptist Mission Board in the Philippines and, prior to his retirement, Doctor Lerrigo had for many years served the Baptist Board as medical secretary, Africa secretary, and Home Base secretary.

No Falling by the Wayside!

Every missionary candidate under appointment from one of our many North American boards, whether for service in medicine or nursing or other forms of the Christian witness overseas, ought to be grateful for the opportunity of waiting. To lie fallow does not mean that the seed degenerates or loses its potency. It merely means that it is waiting, taking to itself fresh nutrition and added strength from the good earth until the time when it may yield fruitage.

Write to your board secretary or to the Christian Medical Council for suggestions as to the richer use of the days of waiting. *No falling by the wayside!*

Chinese Women's Role in Wartime

Under this title, China's distinguished Christian physician and public health leader, F. C. Yen, M. D., writes a stirring story in the Autumn 1941 issue of THE CHINA QUARTERLY, published in Chungking. Doctor Yen writes vividly of the fine spirit of the Chinese women in war service, of the appreciation of the sympathy of American women during the conflict, of the significant opportunity and service of nurses and midwives, and of the many mobile medical units in Free China. The latter are of two types: those of the National Health Administration, 35 in number, and those of the Medical Relief Corps of the Chinese Red Cross Society, 150 in number. The treatment given to the sick and wounded, the preventive vaccinations, the educational activities of these two groups, form a striking record. The article concludes with a great tribute to two of China's women leaders, known as the Soong Sisters, Madame H. H. Kung, the older, and Madame Chiang Kai-shek, the younger. It is women like these who forget themselves and move everywhere in their effort to unify their fellow nationals in service that make one of the brightest spots in China's war-time picture.

The Missionary Training of Medical Missionaries

Missionary training, while emphasizing this contribution of service, should also show how to apply the teaching of Christ on this aspect of Christian living. While we work we ought to be able to explain the Christian message in the act. In teaching medical students we should constantly explain the Christian ideal that lies behind and is a reason for all medical service. At the hygiene talk in the village we should not teach health measures simply from the point of view of the health and benefit of the individual, but demonstrate the Christian ideal of helping the community, the family, and the new generation. In infant welfare clinics, while we instruct the mothers in healthier ways of feeding and caring for children, we must also point to the Christian ideals of home life, the Christian parents' responsibility for their children's spiritual development as well as their physical health. In the men's social welfare clubs we must translate the team spirit and fair play, the Red Cross training and so on into terms of Christian service to the community. This practical application and teaching of Christian ideals in the ordinary course of our work is easier for us practical-minded medicals than conducting set Bible classes and evangelistic services. We are at our best in action, working while we talk.

JANET WELCH, M. B., B. S., M. B. E.,
Church of Scotland, Blantyre, Nyasaland

Health and the Church's Program

The ministry to health is an essential part of the program of the Church. It should concern every follower of Christ Jesus. Our Lord gave more attention to physical health than His Church has ever done. In the synagogue at Nazareth one Sabbath He read this passage of Scripture and declared that it was fulfilled that day: "The Spirit of the Lord is upon me, because he hath annointed me to preach the Gospel to the poor; he hath sent me to heal the broken-hearted, to preach deliverance to the captives, and recovering of sight to the blind, to set at liberty them that are bruised, to preach the acceptable year of the Lord." Every clause in this program has implications for health.

BISHOP J. WASKOM PICKETT,
The Methodist Church, India

Friends Under Fire

Bob McClure writes from the Burma Road:

"There will be a place for missions after the war but those who have seen something of the war will be those who can help most. It is a tragedy of the Burma Road that, although mission hospitals are closing out in North China, there is only one mission hospital opening on this road. Doctor Jessie MacDonald, who used to be in the C.I.M. Hospital in Kaifeng, is here. All her sterilizers and x-ray are held in Shanghai. There is a marvelous place for missions, however, at Wanting right on the border here, at Lungling further up and a very busy city now. I'd give a lot to see a hospital there and then at Yung P'ing and Siang Yuin and Chennan and Tsu Hsiung. Each of these places is now a metropolis and some have evangelistic stations but no medical work is being done by missions. What has happened that we are so inflexible and fail to adapt ourselves to new conditions? This is now the most active part of China, busy with transport and attacked by air often and we do nothing. When can we get the idea that if new motor roads and railroads mean goods going into China, munitions going into China, why not the healing gospel going into China along the same route? Surely what we have to give is just as important as what is going in!"

Robert B. McClure, M.D., United Ch. of Canada, working with the Friends Ambulance Unit.

Fred Manget sends a challenge from the Burma Railway:

"Luck to you. Keep on bombarding the lines. Don't let 'em sleep even though you may be unable to arouse them to action!"

Doctor Manget, and Doctor Paul Stevenson, both formerly in China, are among the 15 doctors sent by the U. S. Public Health Service for medical service on the Burma Railway.

From the Philippines:

Doctor John J. Moorhead, for many years head of the Dept. of Traumatic Surgery at N. Y. Post-Graduate Medical School, was lecturing on war wounds before Army and Navy medical officers in Honolulu when the Japanese assault began on December 7, 1941. Doctor Moorhead holds out great promise for a foreign body detector invented by Samuel Berman, a New York City transit electrician. This device, which shows the location and shape of metallic fragments in the tissues, proved its value in the treatment of Pearl Harbor's wounded, "saving precious time in x-raying and probing."

"It is the men who take ventures who make the world. It is courage the world needs, not infallibility. Launch out into the deep water. Have plenty of courage. Put all your strength and ability into keeping a right course. Half measures, trimming the shore in shallow waters, never pay anything. Courage is always the surest wisdom."

Wilfred T. Grenfell

Honor Where Honor Is Due

Doctor W. Harold Storm (Reformed Church, Bahrein, Persian Gulf) has been awarded the Kaiser-i-Hind Silver Medal. Doctor Storm, while at home on furlough, has been meeting the students and faculty of many American medical schools and nursing schools to present to them the meaning and the opportunities that confront our workers in every field.

Robert Gordon Agnew, D.D.S., United Church of Canada, recently received a Ph.D. from Toronto University for work on relationships between diet and dental caries. He is a member of the International College of Dentistry and well-known for his work in oral hygiene. Doctor Agnew has recently returned to China with medical and dental supplies.

Clara A. Swain, M.D., a medical missionary to the women of the Orient, is now remembered by a stained glass window in Tremont Street Church in Boston. Doctor Swain went to Bareilly in 1869 under the Methodist Church, the first woman medical missionary to India. In June, 1871, she established the first hospital for women at Bareilly.

Doctor Janet Welch has been awarded the M. B. E. (Member British Empire order) for distinguished medical service in Africa.

Miss Helma J. Fernstrom, R.N., has been appointed the first Secretary for Preventive Medicine to work with the Christian Medical Association of India, Burma, and Ceylon. The Methodist Church loans her to serve for the term 1943-46. At the meeting of medical missions at Miraj in 1941 "Miss Fernstrom had given a talk on a health program which kept every sleepy person awake. When she walked out while the motion for her election to the appointment in preventive work was put, she was hardly gone before she was recalled. After the years we have longed for and tried to find (Doctor B. C. Oliver writes) a secretary for this department, we shall surely look back to the Miraj Conference as the one where we accomplished our desire. We have been told over and over by wise men who came visiting medical missions in India, by our own people who carried out the survey, and by such realistic thinkers as Doctor Ruth Young, formerly principal of the Lady Hardinge Medical College for Women at Delhi, that our emphasis was wrong. 'Close some of your curative work,' she said, 'if you cannot otherwise give time and money to the preventive.'"

"The ground work is not destroyed. The aim of the foreign mission enterprise has not been invalidated by recent developments. The soundness and cogency of the missionary program have been brought into clear relief by the light of bursting shells and the flames of war. The ideal of a self-supporting, self-governing, self-propagating church, Christ's body on this earth, is becoming more than ever a reality in almost every country of the globe."

A message from The Presbyterian Church in the U. S. A.

Tropical Medicine

Have You Returned the Questionnaire?

With the last issue of the Bulletin, the Council sent to all missionary doctors an important questionnaire in regard to the prevalence of tropical diseases in each overseas field. The compilation of the findings from all over the world will be the basis for a report to the American Society of Tropical Medicine, and will be made available to all overseas doctors.

We count on you to communicate with this office if a questionnaire has not reached you. Another can readily be sent.

Have You a Manual?

The National Research Council's Sub-Committee on Tropical Diseases is responsible for the issuing of the manual on "Treatment and Control of Certain Tropical Diseases" which has gone to all the officers of the Army and Navy and Public Health services of the United States. We have made this manual available, by permission, to all the mission boards, which have responded gratefully and purchased copies for their overseas workers. Manuals may still be purchased at the C. M. C. office at cost price.

Licensure

The Diploma in Tropical Medicine of Tulane University will be received by the medical authorities in Congo Belge as the equivalent of the diploma of the Antwerp School of Tropical Medicine, according to official word from Mr. De Vleeshauwer, Belgian Minister of Colonies in London. The Minister of Colonies expresses the hope that after the war the medical personnel of Protestant Missions will resume taking the tropical course at Antwerp.

Your Library Must Have This Great Book!

DIAGNOSIS, PREVENTION AND TREATMENT OF TROPICAL DISEASES by Admiral E. R. Stitt, M.D., formerly the Surgeon General of the U. S. Navy. This edition has been revised and edited by Doctor Richard P. Strong, the tropical expert who has served with such distinction in the Philippines, in Serbia, in Poland, and as professor at Harvard. No hospital in the tropics can afford to be without this epoch-making book. 2 volumes. The Blakiston Company, Philadelphia, 1942.

MEDICINE IN PERSIA by Cyril Elgood, M.D., late physician to the British Legation in Teheran. (Paul B. Hoeber, Inc., New York.) This is another in the series so conspicuously added to by Doctor George W. Harley of Liberia (NATIVE AFRICAN MEDICINE) dealing with the anthropology of an area in which medical work is done.

NURSE EDUCATION

The Medical Missions Conference held at Ithaca and Clifton Springs, New York, on January 26 to 28, 1942, was a memorable occasion. One nurse writes, "It was a rare treat for most of us. We hope that nurses everywhere, in the foreign lands, will feel that we are going ahead with forward-looking plans."

The Conference was attended by doctors and nurses from 13 societies, workers from all parts of the world—China, India, Africa, Near East, Chile, Canada, and the United States. The discussion outline was arranged by Miss Helma J. Fernstrom, R. N., India (Methodist). The Vice-Chairman of the Council, Doctor Vaughan, presided. Doctor Ida Scudder of India opened the first session with a plea for "Better Doctors for India." The report of the Findings Committee given below owes its completeness in no small measure to the active participation of all those present, including two senior students of the Johns Hopkins School of Nursing. Miss Wilhelmina Noordyk, R. N., India (Reformed Church), acted as Registrar.

Following the discussion sessions at Ithaca, a visit was made to Clifton Springs Sanitarium where Doctor Adrian S. Taylor and the staff of the Sanitarium presented a professionally stimulating program.

The theme of the session at Ithaca was nurse education in relation to the cultural environment, based on a report by Doctor Janet Welch of the Church of Scotland Mission in Africa, recently published by The Carnegie Corporation.

The Findings Committee presents the following report:

I. The suggestion to change the term *nurses' training* to *nursing education* was explained. In America some years ago the nurses who were interested in the educational part of nursing adopted this term. Those of us who help with the education of nurses feel that we should not make the nurse a skilled worker only, but give her the principles underlying such education and the scientific courses so she could understand what she was doing. This would help her adjust herself to any situation she might have to meet in the field of nursing by having the skill and the scientific background to analyse and cope with the situation.

II. The definition of an all-round able nurse, given in "A Curriculum Guide for Schools of Nursing" compiled by the National League of Nursing Education, is as follows:

> All professional nurses should be able to give expert bedside care, to observe and to interpret the physical manifestations of the patient's condition and also the social and environmental factors which may hasten or delay his recovery. They should possess the special knowledge and skill required to deal effectively with situations peculiar to certain common types of illness.
>
> They should be able to apply in nursing situations those principles of mental hygiene which make for a better understanding of the psychological factor in illness.
>
> They should be capable of taking part in the promotion of health and the prevention of disease. They should possess the essential knowledge and the ability to teach measures to conserve health and to restore health.
>
> All nurses should be able to cooperate effectively with the family, hospital personnel, and health and social agencies, in the interest of patient and community.
>
> If the main aim of nursing is to help the patient regain and maintain health or, as Miss Nightingale states it, "to help the patient to live," then that means teaching the patient how to keep well. In order to educate the nurse to do this we must have an educational set-up in nursing that will furnish such an all-inclusive program.

III. Stress was laid on the need to adopt an eight-hour day, including classes, in order to give the student nurse more time for these studies and also for the extra-curricular activities which should be included in the nurse's schedule. The nurse should not be exploited for hospital duty but given the education she came to get.

IV. In the set-up of the SCHOOL OF NURSING which was discussed in great detail, the following points were emphasized:

1. SEPARATE BOARD OF DIRECTORS, to include
   Director of the School
   Superintendent of Nurses
   Director of Nursing Education
   Lay leaders such as Principal of the High School or wife of a doctor or other interested persons in the community.
2. SEPARATE BUDGET for School of Nursing
   Salaries for special local teachers
   Equipment for teaching Sciences and Nursing Arts; Library with Textbooks, Reference Books, Journals.
   Extracurricular Activities
   Scholarship and Loan Funds for both undergraduate and post-graduate work.
3. CURRICULUM—3-year general course (plus 1 year Midwifery in some countries)
   Basic Sciences: Anatomy, Bacteriology, Chemistry, Pharmacy, Physiology, Nutrition and Cookery, Diet Therapy
   Social Sciences: Ethics, History of Nursing, Psychiatry, Psychology
   Nursing Arts: Positive Health and Public Health aspects to be emphasized in every course
   Medical Nursing: Communicable Diseases
   Obstetrical Nursing: Infant care and feeding
   Pediatrics
   Orthopedics
   Surgical Nursing and Operating Room Technique
   Public Health—2 months during basic training
4. HEALTH PROGRAM FOR NURSES
   Careful physical examinations on admission, annually, and p.r.n.
   Proper diet
   Adequate living quarters
   Recreational facilities
   8-hour day including classes; not more than 4 patients per nurse
   Extracurricular activities: Student Government; House Activities Committee with planned program once a month; Reading Room with periodicals in addition to Reference Library; Indoor and Outdoor Sports with tournaments; Parties (group, class, student, open); Choral Club; Church Activities; Excursions (cottage or camp available where possible); Student Volunteer groups.
5. SHORT COURSES to train supplementary workers (ward maids and orderlies)
6. DEVELOP NATIONALS to replace foreign leaders as quickly as possible
   Post-Graduate College: Anesthetists, Compounders, Dietitions, Midwives, Physical Therapists
   Staff Education: Regular meetings and extracurricular activities
7. POST-GRADUATE COLLEGE to produce Administrators, Teachers (Tutors), and Public Health Workers
8. DEVELOPMENT OF SISTERHOOD for nurses
9. SUGGESTED SPECIAL TRAINING for nurses before going to a foreign field. Post-graduate courses and experience in as many as possible of the following:
   Training School and Hospital Administration
   Principles of Teaching
   Ward Management and Supervision
   Curriculum Planning
   Anthropology
   Public Health
   Operating Room Administration
   Religious Education
   Hobbies—development of all forms of art and culture
10. PAMPHLET to be written about the opportunities for nurses in the foreign field. Pamphlet to be used by Mission Boards and available to Schools of Nursing.
11. THE RELATIONSHIP OF DOCTOR AND NURSE and of foreign nurse and national doctor. The training of nurses must be a cooperative job.
    The doctor is often not a teacher.
    The Superintendent of Nurses wants the doctor's help and advice.
    Monthly Staff Meetings to talk over and coordinate doctor-nurse-teacher-student relationship.
    Morning Devotions all together.
    Financial burdens shared.
    Praise and criticism exchanged.

Submitted by the Findings Committee: Miss Fay Froesé, R. N., Miraj, India, Chairman (Presbyterian); Doctor Richard F. Brady, Nanking, China (Disciples); Miss Sarah Glenn, R. N., Soochow, China (Methodist); Miss Irene Moran, R. N., Navajoland, Arizona (Presbyterian).

The Nurse Member of the Council Speaks Out

After serving in China for a while, this opportunity of continuing my contacts with the Overseas Medical Work is a real privilege. As a nurse who has experienced a little of what pioneer work means, I hope to bring a constructive contribution to this Council. The program promises not only to be helpful and interesting, but one of real accomplishment. I want all nurses in Overseas Medical Work to know they have a representative on the Council and that she has found herself surrounded by a most understanding group of doctors who will cooperate for the good of all.

RUTH C. WILLIAMS, R. N.

Superintendent, The Institute of Ophthalmology, Presbyterian Hospital, New York.

NURSE EDUCATION RELATED TO THE CULTURAL BACKGROUND

In her significant report Doctor Janet Welch writes, "The problem of relating scientific medical knowledge to the cultural background of a people is a world-wide one. African life is controlled by belief in magic. Africans seek the benefits of European civilization without understanding of the concepts. The chief nursing educational problem is the correlation of scientific teaching with the belief . . . that disease is the result of magic practices.

"The chief need, in preparing professional nurses on the basic level, is a school of nursing organized as an educational institution and not as a service department . . . The final goal of nursing education is to provide highly educated, qualified, registered African nurses to fill administrative and teaching posts in the profession. Existing training schools should be so graded as to provide nurse-aids.

"European instructors must have some knowledge of the profound social significance that food holds in tribal life if they are to integrate the new knowledge of nutrition into the social structure of African life through their student nurses. The pneumonia patient who refuses to drink milk, the woman in childbirth who will allow nothing to pass her lips, the young man who will not eat eggs in hospital, are not individual food faddists. Behind such abstentions (taboos) lies the complicated story of tribal kinship, fertility concepts, etc. Food is not merely the physical nourishment of the tribe. Its ceremonial uses link the living and the spirits of the ancestors."

What North American nursing educators say about Doctor Welch's report

Miss Isabel M. Stewart, Teachers College, Columbia University, says, "This publication should be very helpful to other countries besides the African colonies with whose problems Doctor Welch has been particularly concerned."

Miss E. Kathleen Russell of the University of Toronto School of Nursing, writes, "I have borrowed one of your own sentences and have made it my text: 'If it is to be taken as axiomatic that the programme of nursing education must be adapted to the needs of . . . society, fundamental alteration from the average . . . syllabus (i.e., of a nursing school) is essential . . .' In your plan for Africa you have acted upon this conviction and have suggested certain 'alterations'. These suggestions are excellent; they would make nursing education sound, and would make it serve truly the needs of society, which, in your case, is African society. Can we hope that your proposals may be followed? Is this asking too much? Surely no one would prefer a pattern that is bad enough for England, or Canada, or the United States, and which would be worse if transplanted to a new soil where there is not even the excuse of a traditional procedure to explain the absurdities that are being perpetrated under the name of education. (These absurdities become iniquities when we consider what they do to the health of student nurses.)"

Jungles Preferred

Doctor L. F. Jaggard, Belgian Congo (Disciples), is standing by at his post until a doctor can be sent from the United States. His well-earned retirement and long-postponed furlough must wait until help comes. At the mission conference in Bolenge in 1941, he said, "I was just about finished but now I shall 'dig in' and commence all over again." In comparing the medical work today with that of the first days of the mission, Doctor Jaggard said, "Then we had plenty of medicines but no hospital. Our home served as a workshop. The dish cupboard served as a medicine chest. The dining-room table was used for operating. There was a great deal of yaws and neosalvarsan was unknown. Now at Monieka there is a brick hospital and good facilities for surgical work. We are narrowed down to neosalvarsan, sulfanilamide, quinine, and surgery. . . . The need today is for further education in hygiene that recognizes medical knowledge as a science based on facts. We must educate to rid the native mind of evil spirits and witchcraft as connected with sickness. We must show the necessity for men to work hard and provide more and better food."

The same report mentions Doctor Donald H. Baker's success in introducing rice into the Mondombe region of the Congo as a food staple, being richer in vitamines and in protein than the present food, cassava. Doctor Baker reports that rice is successfully grown in that vicinity.

Rev. Irvin W. Underhill, Jr., D. D., Cameroun, W. Africa (Presbyterian); "The greatest danger facing our work in Africa is that of the separatist church movement. This is a quasi-nationalism. You must pray then to the end that our missionaries may be guided definitely to keep one step ahead of the ever-increasing demands for leadership on the part of an ever-increasing race-conscious native church. White leadership in Africa today must be very careful or else it will do what it *longs* to do, long before it longs to do it. . . . The role of the missionary, like unto that of John the Baptist, appears to grow progressively less and less important. That of the native church is like unto Jesus, for the Church is the body of Christ. It has to grow more and more important. It is difficult, however, for the average American white man, and especially for those who are raised in an area where there are pronounced racial antipathies, to grow less and less important in the face of any black man."

Doctor Carleton W. Moore and Doctor E. A. Flexman of Liberia (United Lutheran Mission) with their wives are on sickness leave. All four of them were discovered in the bush of the Liberian hinterland by the wily tsetse fly. They are hunting for medical workers to fill the gap at their stations in Liberia.

Doctor Donald H. Baker, Mondombe, Congo Belge (Disciples Mission): "One of the rewards of attendance at a Mission Conference is to appreciate anew the scope of the work done and the results obtained by it. Like the gleaming diamond with its many facets, so, on examination, the Mission work reveals its many angles and avenues of approach in bringing life, and that abundantly, to these children of the forest. A change of heart is necessary, and evangelism is our major theme. But a healthy mind needs a healthy body, and modern scientific medicine opens its storehouse of miraculous drugs and surgery. Awakening intelligence needs information and development to think as a man and to put away childish things, and education must be constantly stressed. The interplay of these three efforts is healthy and effective in our Mission. Each in turn catches the truth and reflects it, as light, to illuminate the others. No phase of life is neglected. An entirely new literature must be created. Better houses, better gardens, better livestock, better fruits, better foods, better diets, better clothes, better economic situations, better crafts, better comprehension of living and all that it entails, better homes, better family relations, better approaches to our fellow man and to God—all of these are taught and stressed in all of the activities of the Mission."

Read the new religious manual for nurses! WHO IS MY PATIENT? by Russell L. Dicks, recently issued by the Macmillan Company. The dedication is to

THE NURSE

To be a nurse is to walk with God,
Along the path that our master trod;
To soothe the achings of human pain;
To faithfully serve for little gain;
To lovingly do the kindly deed,
A cup of water to one in need;
A tender hand on a fevered brow,
A word of cheer to these living now;
To reach the soul through its body's woe,
Ah! this is the way that Jesus would go.
Oh, white-capped nurses in dresses of blue,
Our great physician is working through you.

WHAT'S NEW IN MEDICINE

The Council wishes to express appreciation to our guest editor, Doctor Fred J. Tooker, formerly in China with the Presbyterian Board, for preparing and assembling this page of the Bulletin.

From England—Florence Nightingale
From America—Clara Barton
From Australia—Sister Elizabeth Kenny

Sister Elizabeth Kenny, an Australian nurse, has introduced, during 1941, a revolutionary method of treating early infantile paralysis, using hot water baths and muscle guidance. "It is the opinion of the Committee on Research for the Prevention and Treatment of After-Effects of the National Foundation for Infantile Paralysis, after a study of the report of the workers at the University of Minnesota (where Sister Kenny's treatment has been followed experimentally since June, 1941) that, during the early stage of infantile paralysis, the length of time during which pain, tenderness and spasm are present is greatly reduced and contractures caused by muscle shortening during this period are prevented by the Kenny method. The general physical condition of the patients receiving this treatment seems to be better than that of patients treated by some of the other methods during a comparable period."

Sister Kenny believes the cardinal symptoms of infantile paralysis are "muscle spasm, muscle incoordination, and muscle alienation." She states that "the muscles affected are in spasm, and massage would be damaging as it shortens the muscles affected. Free movement is now allowed until this condition has been rectified and coordination restored. All early movements are carefully guided and controlled by the technician."

Doctor Philip M. Stimson, reporting on cases treated at the Willard Parker Hospital in New York, says that the whole house staff there is using Sister Kenny's method with enthusiasm.

Burns

Improving on the tannic acid treatment, sprays of different sorts are advocated, e.g. gentian violet 1%, silver nitrate 10%, tannic acid 15%; or combinations thereof. Doctor R. H. Aldrich at the Harvard Medical School recommends a spray of crystal violet, brilliant green, and neutral acriflavine. This has reduced the mortality from serious burns in the Boston City Hospital from 34% to 8%.

At Johns Hopkins Hospital, a spray of sulfadiazine is now used on all burn cases. "Since January, 1941, Doctor K. L. Pickrell has treated 115 burned patients with sulfadiazine and lost only one. Even while the patient is being treated for primary shock, the nurses begin spraying the burned area. Patients with only skin-deep burns are often ready to go home after two hours. The spray is repeated at intervals for days for the more serious burns. Sulfadiazine prevents infection and forms a thin, tough, pliable, and transparent film over severe burns. It can even be used around the eyes with safety. Doctors believe that this new sulfa drug will obviate skin grafting and plastic surgery in all but extreme cases."

The spray used is a solution of 3.5 per cent sulfadiazine in 8 per cent triethanolamine. The ointment for covering burns in patients not requiring hospitalization consists of 5 per cent sulfadiazine and 8 per cent triethanolamine in a stearin base.

To combat shock from burns, intravenous injections of saline or glucose solution are only of temporary benefit, because of capillary permeability. Whole blood is inadvisable, but plasma transfusions are of great value. The amount of plasma required is greatly reduced if adrenal cortex extract is added.

Doctor R. R. Mellon reports from Pittsburgh on the use of hydrosulphosol, an -SH (sulfydryl) solution, in burns caused by steam, hot metal, hot oil, lime, gasoline. "Patients were sprayed with mixtures of hydrosulphosol and water every 20 or 30 minutes until a tough eschar or scab was built up. The eschar is flexible, leaves room for motion, reduces scars to a minimum. Hydrosulphosol not only relieves pain, but prevents infection, great hazard in burn cases."

Trachoma

In hospitals of the Navajo Indian Service in Arizona, the causal virus of trachoma was treated with sulfanilamide, 1/3 grain per lb. of body weight, with an equal amount of sodium bicarbonate, given four times a day for 15 to 21 days. A second course later may be necessary. Neoprontosil was sometimes substituted for sulfanilamide. In the "Fort Apache Trachoma School" in 1940, 167 were treated for 21 days. 75% were definitely arrested within 30 days. The remaining 25% were arrested after being given a second course of treatment for 21 days. In the 10 Indian agencies located in 7 states, 959 patients completed treatment. 43% were arrested within 21 days, the percentage being later increased to 55.7%. No doubt the process of arrestment will continue to others. The drug appears to sterilize the eyes by destroying the virus.

Sulfanilamide has no curative effect on follicular conjunctivitis or on secondary bacterial infection. Local treatment with this drug has not been reassuring.

(*Doctor W. W. Peter, formerly in China, contributes these notes. He is chief medical officer of the Navajo Indian Service at Window Rock, Arizona.*)

Gonococcus Infection

The Neisserian Society of Massachusetts advises treatment with two grams of sulfathiazole, divided into 4 doses and taken q. 4 h. for 5 days for men, for 10 days for women. If no improvement follows with male patients, discontinue. With female patients, give a second course after 7 to 10 days. As a test of cure, use cultural methods as well as smears.

Gonococcic conjunctivitis was effectively treated with sulfapyridine in 126 cases; given internally, cures occurred within three days; local treatment was less satisfactory.

In a series of 194 cases of gonorrhea in women treated with sulfathiazole, 91.2% were considered "clinical cures."

Syphilis

Massive arsenotherapy was inaugurated in New York by a group of physicians in 1933. It was discontinued in 1938 because of the frequency of toxic reactions. Since 1938 other arsenicals have been used, the dose being smaller and the toxicity less.

Neoarsphenamine by intravenous drip method has given good results when begun within 8 weeks of the appearance of the primary lesion, and when the patient can be depended upon to report early, as in the case of controlled soldiers and sailors. The arsenical is administered in 5% glucose solution at the rate of 30 drops a minute for 10 hours.

Some believe arsenoxide preferable to neoarsphenamine because it is less frequently followed by peripheral neuritis. 85% of the cases thus treated were found seronegative after 6 to 12 months.

Framboesia

Treatment with neosalvarsan alone has not proved a cure in the "Petronella" Hospital at Jokyakarta, Java. A complete bismuth-neosalvarsan course is necessary.

Favus of the Scalp

Case-finding should be attempted by examination of other members of the family and other close contacts or associates. There should also be examination for lesions of the nails and of the glabrous skin.

Soften and remove the crusts on the scalp by means of ointments. Unless crusts are all removed, further treatment may be ineffectual. If only localized patches of the scalp are involved, manual epilation may be sufficient to remove the infected hairs. X-rays may be used to produce a defluvium in cases of widespread involvement. The proper after-treatment following a depilating dose of x-rays is important to bring about cure and prevent relapse of the infection.

(*George M. MacKee, M.D., N. Y. State Journal of Medicine.*)

Bacillary Dysentery

There is no greater problem for armies, for interned persons, or for famine-stricken areas. Environmental sanitation alone is not adequate for prevention. Carrier control is far more important than had previously been believed. Two of the newer drugs are heartily recommended—sulfaguanidine and sulfathiazole. A significant report (Journal of A.M.A. November 1941) tells of the treatment of babies and small children in Cincinnati, with the use of sulfathiazole. "The treatment succeeded only when the dysentery was caused by the organism, *Shigella paradysenteriae*. Other cases of dysentery, such as have frequently been epidemic in hospital nurseries in recent years, were not affected by the sulfathiazole treatment. The dysentery that was successfully treated, however, is the type especially prevalent in tropical countries. The patients who received the sulfathiazole treatment recovered much faster than those not getting the drug. All but one of the 17 stopped discharging the germs by the time they left the hospital, whereas 17 of 34 patients who did not get sulfathiazole were still discharging germs at the time of leaving the hospital."

Immunization Against Typhus, Cholera, and Plague

War Department instructions (Section III, War Dept. Circular No. 4, Jan. 6, 1942) provide as follows:

a. Typhus fever: The approved vaccine is a suspension of killed, louse-borne, epidemic typhus rickettsiae prepared by the Cox yolk-sac method. 3 injections are given subcutaneously, 1cc. each, with intervals of 7 to 10 days between injections. Subsequent vaccinations at intervals of 4 to 6 months are recommended.

b. Cholera: The vaccine approved is a suspension of 8,000 million killed cholera vibrios (V. comma) per cc. The vaccine is administered subcutaneously, 0.5cc. for the first dose and 1cc. for the second with an interval of 7 to 10 days. A further dose is to be given at intervals of 4 to 6 months while danger of infection lasts.

c. Plague: The approved vaccine is a suspension of 2,000 million killed plague bacilli per cc. 2 injections are given subcutaneously with an interval of 7 to 10 days. The first dose is 0.5cc. and the second dose 1cc. Additional 1cc. doses may be administered whenever conditions require.

Immunization Against Typhoid

An important summary in the American Journal of Public Health emphasizes the fact that no change is proposed in the method of initial vaccination against typhoid, i.e., using a standard course of vaccine. Thereafter the following three recommendations are urged:

1. Revaccination with a single dose of 0.1 cc. of vaccine intracutaneously administered constitutes a reliable method of renewing immunity to typhoid fever, and should be the method of choice.

2. Revaccination with a single dose of 0.5 cc. of vaccine subcutaneously administered also produces a satisfactory renewal of immunity to typhoid fever. This procedure should be considered as an alternative method when conditions preclude intracutaneous administration.

3. In order to maintain a high degree of immunity to typhoid fever, as indicated by humoral antibodies, revaccination at 1 year periods appears to be an advisable procedure. Certainly, it appears that the interval between revaccinations should not exceed two years. It may be added that revaccinations at the intervals recommended should not be discontinued because of age nor because of any number of previous revaccinations.

Arthritis

Doctor W. J. Moerdyk (Reformed Church, Amarah, Iraq)—"A by-product of the work of our leper camp has been that the use of chaulmoogra oil derivatives, the specific for leprosy, has been found to be very helpful in the treatment of arthritis. Sulfanilamide and sulfapyridine have worked miracles on Arabs as on everyone else in the world."

Tetanus

Doctor R. M. Atwater in a letter to Doctor E. W. Wilder, Madura: The literature is rather unanimous in agreement that it is possible to produce a significant and lasting immunity to tetanus by means of the toxoid. This level is easily brought back to full force by an injection of the toxoid after an injury that would ordinarily require the antitoxin.

Insect Bites

The School of Tropical Medicine at San Juan, Puerto Rico, has been trying chloroform on some insect bites. Cotton saturated with chloroform and rubbed briskly on mosquito bites caused a rapid cessation of pruritus. It should be avoided if the areas involved are extensive. Tests were made with the local red bug, mosquitoes, black fly, and gnat.

Insect Repellents

It is suggested that the following formula be tested in every possible outpatient dispensary and in areas where crawling insects abound: derris powder (crude) 104 grams; pyrophyllite 386 grams; soya bean oil 10 grams. The oil makes the powder cling better. So far no toxic effect to humans has been observed.

Pearl Harbor

60% of the 960 casualties treated on December 7th, 1941, from 8 A.M. to midnight by Navy medical personnel were patients with burns. Most of their injuries were "flash burns," the flesh having been exposed only momentarily to flame or explosion. It was noted that burns of this type followed the outline of clothing. Many patients with burns were treated with a mixture of mineral oil and sulfanilamide or sulfathiazole. Large dressings were dipped in such mixtures and then were applied directly to the burned areas. All patients with burns were given large doses of sulfathiazole orally. Confidence in the sulfonamide drugs was heightened when it was found that few infections developed among these casualties.

Have You Read These Great Life Stories?

WILLIAM HENRY WELCH, and THE HEROIC AGE OF AMERICAN MEDICINE by Dr. Simon Flexner and James Thomas Flexner. The Viking Press, New York, $3.75. To Doctor Welch, "The Father of American Medicine" as he was called by President Eliot of Harvard in 1900, we owe the beginnings of university medicine in America.

KNIFE AND LIFE IN INDIA by Doctor T. Howard Somervell, surgeon at the London Mission Hospital in Neyyoor, South India. Doctor Somervell took part in two of the Everest expeditions. Following the first ascent, he wrote "After Everest", describing his call to service in a mission hospital. (Hodder & Stoughton, London, 1941).

GUIDEPOSTS ON THE FRONTIER by Doctor R. J. H. Cox. This was one of that chain of hospitals established by the Church Missionary Society along the northwest border of India, stretching from Quetta in Baluchistan to Srinagar in Kashmir. (C.M.S. Headquarters, Salisbury Square, London E. C., 1941).

DOG-TEAM DOCTOR, the Story of Dr. Joseph Herman Romig, by Eva G. Anderson, Ph.D. (Caxton Printers Ltd., Caldwell, Idaho).

Or These Other Significant Records?

CHINESE LESSONS TO WESTERN MEDICINE by I. Snapper, M.D., professor of medicine, Peiping Union Medical College, Peiping. Interscience Publishers, Inc., New York, 1941, $5.50. An outstanding occidental clinician, called to China by the China Medical Board of the Rockefeller Foundation, is faced with a new pattern and frequency distribution of almost every disease which he has known and treated before. Doctor Snapper shows how significant is the influence of diet. This is seen in the pattern of the common diseases, better than any planned experiment even on a gigantic scale could show.

A CENTURY OF MISSIONS. The history of the missionary work of the African Methodist Episcopal Church from 1840 to 1940. Published by the African Methodist Episcopal headquarters, 112 West 120th Street, New York, the book shows how important a place the women of that church occoupied in the history of the movement.

IMMUNIZATION TO TYPHOID FEVER by Col. J. F. Siler, M. C., U.S.A., and others. The Johns Hopkins Press, Baltimore, 1941, $2.50. In this volume is summarized information about desirable procedures for immunization against typhoid fever based on thirty years of a very wide experience in the Army. We are indebted to Doctor Reginald M. Atwater, Executive Secretary of the American Public Health Association, for drawing our attention to this important book and to the conclusions it proposes.

THE FURTHERANCE OF MEDICAL RESEARCH by Doctor Alan Gregg. Yale University Press 1941. One sentence illustrates the keenness of the author's mind: "Experiment as compared with mere observation has some of the characteristics of cross-examining nature rather than merely overhearing her."

THE AFRICAN REPUBLIC OF LIBERIA AND THE BELGIAN CONGO by Richard P. Strong and others. Harvard University Press, Massachusetts. 2 volumes.

BLOOD TRANSFUSION: "A New Portable Emergency Transfusion Kit" is described with pictures by Doctor John R. Upton of the San Francisco County Medical Society in the June 21, 1941 issue of the Journal of the A.M.A. Write for reprints.

INTRODUCTION TO PSYCHOLOGY, BIOLOGY AND PSYCHIATRY by Esther Loring Richards, M.D. C. V. Mosby, Co., St. Louis, 1941. "This book is an effort directed towards giving undergraduate nurses some idea of the need for understanding human behavior in its relationship to the practice of their profession." This book should be used as a standard work of reference in every school of nursing.

THE TREATMENT OF INFANTILE PARALYSIS IN THE ACUTE STAGE by Sister Elizabeth Kenny. Bruce Publishing Company Saint Paul, Minnesota. $3.50.

YELLOW FEVER by J. H. Bauer, International Health Division, Rockefeller Foundation, New York. U.S. Gov't Printing Office, Reprint No. 2141. 5 cents.

PRACTICE OF MEDICINE by J. C. Meakins, McGill University. C. V. Mosby Company, St. Louis. $10. Third edition. A thoroughly modern textbook.

COMMUNITY FEEDING IN WAR TIME, prepared by the Women's Voluntary Services for Civil Defence, published in Great Britain by H. M. Stationery Office in London with a foreword by Lady Reading.

FIELD SANITATION: "Medical Field Manual; Field Sanitation" (FM 8-40) published by U.S. Gov't Printing Office, 1940, 25c. Write to the Superintendent of Documents, Washington, D. C.

"Army Medical Bulletin No. 23, Military Preventive Medicine" by George C. Dunham, Lt. Col., Medical Corps, U. S. Army. This is a much more extensive book, now in its third edition. It is an authoritative work. $3. Write to The Book Shop, Medical Field Service School, Carlisle Barracks, Pennsylvania.

Or These Articles?

CHILDREN IN A WORLD OF CONFLICT. A review in "Mental Hygiene," January 1942, deals with a book with this title written by Roy F. Street. The abandonment of current procedures of classification and curriculum is advocated. The author takes the stand that children should not be grouped authoritatively on such bases as age, ability, accomplishment, etc. His proposal is that groups should form in the schools on the basis of common activity and common interests, and that children should seek the group they wish to enter, instead of being assigned to it. Similarly, a curriculum is not to be followed. The activities of the classes, as proposed, are to be guided by exploration on the part of the children, realization by them of problems, and attempts on their part to solve the problems.

Continuing in this same field, William Healy, the world's greatest authority on the mental hygiene approach to delinquency and crime, urges (CRIMINAL YOUTH AND THE BORSTAL SYSTEM, The Commonwealth Fund, 1941) upon society a well-thought-out, practical plan for meeting the urgent need of improving our present methods of handling youthful offenders. The Borstal principle, in use in England since the beginning of the century, provides an individual approach to treatment.

A NEW METHOD FOR THE PREPARATION OF DILUTE BLOOD PLASMA AND THE OPERATION OF A COMPLETE TRANSFUSION SERVICE by Doctor John B. Alsever and Doctor Robert B. Ainslie (Presbyterian Hospital, Hengyang, Hunan Province, China). A complete transfusion service is described. According to the authors, "it has all the advantages of a simple blood bank and also supplies fresh blood, fresh plasma (whole or dilute), and preserved diluted plasma." This is mentioned as of particular value to small hospitals.

N. Y. State Journal of Medicine, 1941

Financing Mission Hospitals

Any Mission hospital that would be self-supporting must—

1. Fill a real need in the community and region which it serves. That is, it must offer a type of service not being duplicated or met equally well elsewhere in the immediate neighbourhood. The Mission hospital must offer a complete medical and surgical service if it is to be self-supporting and really meet the need of the community fully.

2. Be adequately staffed. It should have a sufficient number of doctors on the staff to permit of occasional vacations, furloughs and sick leave, all without disrupting the smooth running of the hospital and its finances.

3. Have a staff that is personally convinced of the soundness of the policy of charging adequately for services rendered in the hospital.

4. Be adapted to its environment. The matter of self-support, and the system of pre- and post-operative and medical care followed in an institution are rather closely bound together. The best in the way of equipment, with complete X-ray and laboratory facilities, etc., should be a part of every Mission hospital. On the other hand, a certain degree of leniency in the matter of visiting hours, presence of relatives with patients, and other *don'ts* is desirable. Patients will come a great distance to an institution where they know they will be happy. Incidentally, a hospital run on the family room system can be efficiently handled by a much smaller nursing staff—a decided advantage when self-support has to be considered. If a large nurses' training school is to be run in connection with the hospital, it will of necessity be a rather heavy drain on the hospital finances. In such cases, outside help for the school should be assured.

Let no one think that the finances of a Mission hospital should be the criterion by which the usefulness and service of an institution are judged. No Mission hospital should have to be 100% self-supporting, but every institution should make an honest attempt to attain as high a degree of self-support as possible.

HERSCHEL C. ALDRICH, M.D.
Methodist Mission Hospital, Nadiad, India

What Our Readers Call For

. . . Doctor M. Douglas Hursh, Nigeria, West Africa (Sudan Interior Mission) "Publish a directory of all foreign medical missionaries; collect and forward used periodicals—professional and religious."

. . . Martha M. Kauffman, R. N., S. Rhodesia (Brethren in Christ) "Assist in obtaining greater reciprocity between different countries in medical qualifications."

. . . Doctor Sherwood Hall, Korea (Methodist) "Greater scholarship aid during furlough and increasing contacts with those who might be interested in Medical Missions."

. . . Doctor Werner G. Marx, Nicaragua (Moravian) "Give us bulletins about new treatment of common (especially tropical) diseases."

. . . Doctor Betty A. Nilsson, India (United Lutheran) "Help us to work for village uplift and education in prevention of diseases in India."

. . . Eliabeth M. Pollock, R. N., China (Women's Union Missionary Society) "Keep medical missionaries on the field informed of new worthwhile books as they are published."

. . . Doctor Katharine B. Scott, India (American Board, retired) "Encourage doctors and nurses on furlough to take courses in medicine either in medical schools or hospitals."

. . . Doctor W. L. Thompson, So. Rhodesia (American Board, retired) "Could retired missionaries be helped to help the mission cause?" In The Congregationalist of April 27, 1901, Dr. Thompson wrote, "In the support of a mission rather than a missionary, attention would be directed more to the work and less to the worker."

. . . . Doctor David Hynd, Swaziland, S. Africa (Church of Nazarene) "Circulate mission hospital reports from various fields to members. Guide furloughed missionaries as to furlough study. If financially possible, send an officer of the Council to visit various fields from time to time and contact mission hospitals."

. . . Frances E. Culley, R. N., Wuhu, China (Methodist) "Devise a plan for loaning new books in the nursing field."

. . . Doctor Hyla S. Watters, China (Methodist) "Set up a purchasing department through which hospitals on the field may purchase equipment, drugs, etc."

. . . Doctor Martha Jane Gifford, Assam (American Baptist Women) "Help secure needed staff, medical and surgical supplies, books."

. . . Isabel McConnell, R. N., India (Presbyterian, Canada, Women) "Send periodicals to mission hospitals to keep us in touch with latest developments and newer treatments, etc."

. . . Doctor Frank W. Newman, Hunan, China (Presbyterian) "Help arrange furlough study. Send commissions to make mission hospitals modern and efficient."

Help Us Meet These Urgent Demands!

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. . . WE CAN issue this bulletin many more times a year, carrying notes of progress and inspiration to our doctors and nurses.

. . . WE CAN make the cause of medical missions better known throughout North America by sending workers on furlough to medical schools, state and county medical societies, and gatherings of medical students all over the continent.

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. . . WE CAN secure more scholarships for furlough study for doctors and nurses.

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